

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <u>10/647023</u>	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP					
1	/		/				51		/		
2		/		/			52		/		
3		/		/			53	/	/		
4		/		/			54		53	/	
5		/		/			55		/		
6		/		/			56		53	/	
7		/		/			57	/	/		
8		/		/			58		/		
9		/		/			59		/		
10		/		/			60		/		
11		/		/			61		/		
12		/		/			62		/		
13		/		/			63		/		
14		/		/			64				
15		/		/			65				
16		/		/			66				
17		/		/			67				
18		/		/			68				
19		/		/			69				
20		/		/			70				
21		/		/			71				
22		/		/			72				
23		/		/			73				
24		/		/			74				
25		/		/			75				
26		/		/			76				
27		/		/			77				
28		/		/			78				
29		/		/			79				
30		/		/			80				
31		/		/			81				
32		/		/			82				
33		/		/			83				
34		/		/			84				
35		/		/			85				
36		/		/			86				
37		/		/			87				
38		/		/			88				
39		/		/			89				
40		/		/			90				
41		/		/			91				
42		/		/			92				
43		/		/			93				
44		/		/			94				
45		/		/			95				
46		/		/			96				
47		/		/			97				
48		/		/			98				
49		/		/			99				
50		/		/			100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.	459			
TOTAL CLAIMS							TOTAL CLAIMS	162			